

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAR 30 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]



03302007 Chg-NP CR2E037 (12/06)

DOCUMENT # N99000002129		
1. Entity Name LIFE ETERNAL MINISTRIES C.O.G.I.C., INC.		

Principal Place of Business 1049 WINFIELD FOREST DR. TALLAHASSEE, FL 32311	Mailing Address 1049 WINFIELD FOREST DR. TALLAHASSEE, FL 32311
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-3568793	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RICHARDSON, KENNETH 1049 WINFIELD FOREST DR. TALLAHASSEE, FL 32311	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, KEN - President <input type="checkbox"/> Delete 1049 WINFIELD FOREST DR. TALLAHASSEE, FL 32311-7	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Allen Dickey - Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1049 Winfield Forest Dr Tallahassee FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHARDSON, PERNELLA - Vice President <input type="checkbox"/> Delete 1049 WINFIELD FOREST DR. TALLAHASSEE, FL 32311-7	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mildred Collins, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1049 Winfield Forest Dr Tallahassee FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRAZIER, LUCIUS <input checked="" type="checkbox"/> Delete 1049 WINFIELD FOREST DR. TALLAHASSEE, FL 32311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600095814836 04/04/07--01048--012 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pernella Richardson* 3/30/07 (850) 942-1625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #